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NOV 18 2005
JAP10 Rec'd PCTARO - 8 NOV 2005
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To:

| NAME: | FACSIMILE: | TELEPHONE: |
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| USPTO Mail Stop | (571) 273-8300 | |

FROM: Barbara M. Hayashi**DATE:** November 18, 2005

| | | |
|-------------------------------------|---|----------------------------|
| Number of pages with cover page: | 6 | Our Reference 480052000700 |
|-------------------------------------|---|----------------------------|

Preparer of this slip has confirmed that facsimile number given is correct: 11487/BMH2**Comments:**

Application No. 10/552,886

Attached: a) Transmittal Form, b) Fee Transmittal, c) Declaration – 3 pages.

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

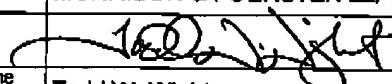
(to be used for all correspondence after initial filing)

| | | | |
|--|---|------------------------|------------------|
| | | Application Number | 10/552,886 |
| | | Filing Date | October 12, 2005 |
| | | First Named Inventor | Jurgen DORN |
| | | Art Unit | Not Yet Assigned |
| | | Examiner Name | Not Yet Assigned |
| Total Number of Pages in This Submission | 5 | Attorney Docket Number | 480052000700 |

ENCLOSURES (Check all that apply)

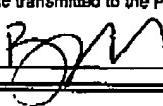
| | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration - 3 pages. |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP, Customer No. 25224 | | |
| Signature |  | | |
| Printed name | Todd W. Wight | | |
| Date | November 18, 2005 | Reg. No. | 45,218 |

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. 571-273-8300, on the date shown below.

Dated: November 18, 2005

Signature: 

(Barbara Hayashi)

oc-306660

NOV 18 2005

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0851-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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| | | | |
|--|-------------|--------------------------|------------------|
| Effective on 12/08/2004, Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete if Known | |
| | | Application Number | 10/552,886 |
| | | Filing Date | October 12, 2005 |
| | | First Named Inventor | Jurgen DORN |
| | | Examiner Name | Not Yet Assigned |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | Not Yet Assigned |
| TOTAL AMOUNT OF PAYMENT | (\$ 130.00) | Attorney Docket No. | 480052000700 |

METHOD OF PAYMENT (check all that apply)

| | | | | |
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| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP | | | | |

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| | |
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| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|---------------------------|----------|---------------|
| - | - | x | = | - | - | - |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | - | - | - |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

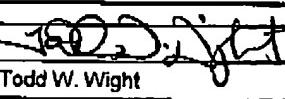
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - | 100 = | /50 (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1051 Surcharge-Late oath or declaration

130.00

| | |
|-----------------------------------|---|
| SUBMITTED BY | |
| Signature |  |
| Name (Print/Type) | Todd W. Wight |
| Registration No. (Attorney/Agent) | 45,218 |
| Telephone | (949) 251-7189 |
| Date | November 18, 2005 |

11/28/2005 GFREY1 00000093 031952 10552886

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